



# Maricopa County Leadership Experience

*Learn. Serve. Lead.*



## 2015 MCLE Registration

### MCLE Participant Information

Last Name		First Name		Date of Birth		Application Date	
Current Address			Apt. #	City		State	Zip Code
Primary Phone Number		Cell Phone		Alternate Phone		Email Address	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what types of accommodations will you need?			
Education Level Highest Grade Completed:		Name of school last attended:			Are you between the ages of 12 and 17 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ethnicity (circle all that apply) Hispanic   Latino   Other			Race (circle all that apply) White   Black/African-American   American Indian/Alaskan Native   Asian Hawaiian Native/Pacific Islander   More than one race				

### MCLE Participant Emergency Contact #1

Last Name		First Name		Current Address	
Primary Phone Number		Cell Phone		Alternate Phone	Email Address (optional)

### MCLE Participant Emergency Contact #2

Last Name		First Name		Current Address	
Primary Phone Number		Cell Phone		Alternate Phone Number	Email Address (optional)

**Carefully read the following before signing your name:** I certify that the information given on this document is true and accurate to the best of my knowledge. I submit this signed form as authorization to participate in the Maricopa County Teen Leadership Experience (MCLE).

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please email application to [mcle@mail.maricopa.gov](mailto:mcle@mail.maricopa.gov)**



# Maricopa County Teen Leadership Experience

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## THIS IS A RELEASE OF LIABILITY

I, \_\_\_\_\_, hereby agree to participate in a Maricopa County  
Please print first and last name of participant. sponsored program, Maricopa County Leadership Experience. *In doing so, I agree to comply with all of the rules, regulations, policies, and procedures of Maricopa County. I understand that failure to do so may result in immediate suspension from the project. I acknowledge that my participation is strictly on a volunteer basis, without pay or compensation of any kind.*

I recognize that in the participation of this, and any Maricopa County programs, there exists a risk of injury including, but not limited to, physical harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless, Maricopa County, its' agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause, including all claims arising out of the negligence of Maricopa County and any persons for whose actions Maricopa County may be held liable, and including attorney fees incurred or sustained by me in any way connected with my participation in any program for Maricopa County..

MCLE Participant printed name: \_\_\_\_\_  
**(REQUIRED)**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(REQUIRED)**

Parent/Guardian printed name: \_\_\_\_\_  
**(REQUIRED)**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(REQUIRED)**

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## Film and Photographic Public Release

### Your signature is requested for the following matters:

I hereby authorize Maricopa County and its official representatives to use, without obligation to me, any and all photographs and motion pictures taken of us for any and all publicity and advertising purposes they may designate.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(REQUIRED)**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(REQUIRED)**

Equal opportunity employer/program.

Auxiliary aids and services are available upon request to individuals with disabilities.